



# Updates from the Field BEST PRACTICES

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## COLLABORATING WITH POPULATION SERVICES PILIPINAS TO PROVIDE BILATERAL TUBAL LIGATION

### Background

In the Philippines, nongovernmental organizations (NGOs) play a critical role in the provision of basic services. In the face of limited resources, both national and local governments have increasingly relied on NGOs to provide wider access to essential social services, particularly health.

Among the NGOs with which local governments have established close working relationship is Population Services Pilipinas, Inc. (PSPI), which operates 12 reproductive health clinics nationwide. These clinics offer a range of services that includes family planning, male and female voluntary surgical sterilization, obstetric care, ante- and post-natal care, reproductive health care, and primary health care.

Besides setting up clinics in strategic areas, PSPI also provides services through its outreach program, known as Marie Stopes Ligation. With the devolution of health services, PSPI coordinates directly with local government units (LGUs) to deploy the outreach teams that perform bilateral tubal ligation (BTL).

### The Case of Ormoc City

The PSPI set up a Marie Stopes Clinic in Tacloban City in 1996 to cater to the needs of three provinces in Region VIII, namely, Leyte, Southern Leyte, and Biliran. The clinic is open to walk-in clients only on Wednesdays since members of the clinic staff are usually out doing outreach work. About 80% of the municipalities in Leyte have been reached by PSPI's services. Ormoc City, one of the oldest towns of Leyte, is among the LGUs that have benefited from PSPI's free services.

Ormoc City, which is among the first batch of LGU enrollees in the Matching Grant Program (MGP) of the Department of Health, has 110 barangays and a population



PSPI staff conducting final screening of prospective clients

of about 160,949 (as of 2000). The initial collaboration between Ormoc City and PSPI took place in 1996, but, due to some policy problems, the collaboration did not prosper and PSPI pulled out of Ormoc City in 1999.

In mid-2001, Ormoc City decided to renew its ties with PSPI. A review conducted by the City Health Office (CHO) showed that there was still a high level of unmet need for

#### How the Marie Stopes Ligation Program Works in Ormoc City

1. The PSPI clinic manager coordinates with the City Mayor and City Health Officer to deploy an outreach team to perform BTL.
2. The clinic manager orients the Family Planning Coordinator and the *Barangay* (Village) Health Workers (BHWs) to the PSPI program, particularly on its qualification requirements for prospective BTL clients.
3. The BHWs motivate and recruit clients in their respective areas.
4. The BHWs refer prospective clients to midwives for counseling.
5. The midwives refer prospective clients to the Family Planning Coordinator for further counseling and signing of consent forms.
6. Services are provided a month after initial coordination with the LGU. PSPI requires at least 25 clients to deploy an outreach team. On the same day, PSPI conducts final screening of clients. Clients must have at least 3 children and cannot be pregnant (those not using a contraceptive method are given pregnancy tests), weigh more than 60 kilos, or have undergone abdominal surgery.



**MATCHING GRANT PROGRAM**  
Department of Health

family planning, based on information from the Community-Based Monitoring and Information System (CBMIS). Specifically, the number of new BTL acceptors had started to decline in 1999, with the pullout of PSPI (Table 1). This situation arose despite the existence of a referral system between the CHO and the district hospital for the free provision of BTL services to poor clients. Non-paying clients referred to the hospital usually do not receive the service, either because there are no available supplies or the operating room has to be used for more important procedures. Priority is given to paying clients, who comprise the bulk of the hospital's clients.

<b>Table 1</b> <b>Number of New Acceptors for Bilateral Tubal Ligation:</b> <b>Ormoc City, 1996-2001</b>		
YEAR	NUMBER OF NEW ACCEPTORS	
	Marie Stopes Clinic-Tacloban	Ormoc District Hospital
1996	40	n.a.
1997	43	51
1998	52	68
1999	0	48
2000	0	31
2001	57*	68

\*Data for July-December 2001

A representative from Pearl S. Buck International, Inc., who was present during the program review, proposed to organize and sponsor a meeting to discuss the possibility of PSPI bringing its services again to Ormoc City. Pearl S. Buck International, which runs a project in the city known as the Partners for Health Child Survival Project, helps the city develop IEC materials, upgrade facilities, and build its capacity to deliver reproductive health services.

This meeting, which took place in July 2001, was attended by representatives from the Center for Health Development for Eastern Visayas, the Integrated Provincial Health Office, CHO, Marie Stopes Clinic-Tacloban, and Pearl S. Buck International. During the meeting, the roles and responsibilities under the collaboration were delineated. PSPI, through its Marie Stopes Clinic-Tacloban, assured the CHO that it would assume responsibility for the management of any postoperative complications. PSPI forged an agreement with the district hospital and two private hospitals to treat any client with complications arising from the BTL procedure performed by PSPI, at PSPI's expense.

Under this collaboration, the PSPI deploys a team that is usually composed of one doctor, one nurse, and two midwives to provide the services to clients free of charge. PSPI assumes the costs for supplies and professional fees, which, on average, amount to about Php500.00 (US\$10) per client. Meanwhile, the CHO provides the following resources:



Clients undergoing presurgical orientation/counseling

- venue (conference room);
- transportation for clients after operation (ambulance and service vehicle);
- postoperative medicines (21 capsules of amoxicillin, 6 tablets of paracetamol, and 6 tablets of antacid per patient);
- postoperative care (removal of sutures, follow-up);
- snacks and lunch for members of outreach team.

Since the start of this collaboration, PSPI's outreach team has visited Ormoc City every other month. In 2001, a total of 57 women received BTL; another 20 clients were recorded from January to April 2002. Since Ormoc City is only two hours from Tacloban City, PSPI requires only 10 clients to deploy its team.

## The Case of Naga City

Naga City's introduction to PSPI was accidental. Naga City is the capital of Camarines Sur, one of the provinces in the Bicol Region of Luzon. In February 2000, the local government received a misrouted communication from the Davao Branch of PSPI offering its ligation services. The city government, which was having difficulties in responding to the increasing demand for family planning services, responded positively to the offer. It opened a window of opportunity for the LGU to increase its number of users of permanent family planning methods, specifically BTL.

The request of Naga City was forwarded to the head office of PSPI and in March 2000, Naga City received a communication from the head office scheduling the ligation outreach for May 29. With the letter came 100 copies of the consent form, a list of the qualification requirements for clients to use in pre-screening, and a corporate brochure. Since the outreach team came from Manila, Naga City had to recruit at least 50 clients to make the initiative cost effective.

To ensure that motivated women go to the clinic on the day when BTL is provided, the Barangay Supply Point Officers

### What It Takes to Implement the Marie Stopes Ligation Program in Naga City

#### PSPI Requirements

- At least 50 clients (1<sup>st</sup> time); at least 70 clients (2<sup>nd</sup> time)
- If the minimum number of clients is not met, the city government will shoulder part of the cost (to be negotiated).
- Clients must meet the following requirements: weight not more than 60 kilos, no abdominal scars, normal fallopian tubes, no ovarian cysts, no hypertension, using any family planning method
- Services are free but clients have to purchase antibiotics (for 7 days) and paracetamol (for 3 days), or the city government could provide these medicines.
- Signed consent forms

#### Cost to the City Government

- Antibiotics and paracetamol (from MGP funds: PhP35,040)
- Room and board for the ligation team to show appreciation
- Free transportation for some of the clients (using LGU vehicle), particularly those living outside the city.

(BSPOs) coordinated with the barangay captains for the use of the barangay's multicabs to transport clients to and from Naga City Hospital. Some BSPOs spent their own money for the transportation and snacks of the clients they had recruited, a proof of their commitment and full support to the program.

The first ligation outreach conducted in May 2000 was a day-long affair. Services were provided from 10 a.m. to 11 p.m. Those who finished late were accommodated at the city hospital. The second outreach was done in November of the same year, but this time, services were made available for two days. All services were preceded by an orientation and counseling session conducted by the ligation team from 8 to 10 a.m. The ligation team consisted of one surgeon and four nurses.

In May, of the more than 70 women recruited, only 38 actually had BTL. Others were rejected because they did not pass the final screening done by PSPI. In November, 71 of more than 100 recruits were ligated.



PSPI surgeon performing bilateral tubal ligation on client

The recruits included not only women from Naga City but also from nearby municipalities (20 in May and 9 in November).

No more outreach teams were deployed after November 2000. While there were still a number of women in Naga City who wanted to have BTL, their number was insufficient to warrant the deployment of an outreach team. As an alternative, the City Population Office (CPO) established a referral system with the Bicol Medical Center (BMC), where Tuesdays and Thursdays were set aside for ligation of clients referred by the CPO. BMC provides the service free, but clients purchase their own medicines. The CPO provides the medicines for those who cannot afford them, out of the MGP grant.

While the referral system still exists, the problem now is availability of supplies to perform the service. Since BTL is not a priority procedure, it has the lowest priority in the allocation of supplies at the hospital, especially if it involves non-paying patients. As a result, from a high of 109 new BTL acceptors in 2000, the figure plunged to 50 in 2001. Compounding this problem is the fact that BMC recorded only 6 ligations during the first quarter of 2002. To solve the problem, there has been a move to reprogram the city's MGP funds to allow the purchase of supplies and drugs to perform the procedure.

**Table 2**  
**Number of New BTL Acceptors**  
**Naga City: 1995-2001**

Year	Number
1995	36
1996	40
1997	18
1998	27
1999	46
2000	109
2001	50

### Lessons Learned

As shown by the experience of Ormoc City, it is important to involve other stakeholders in the LGU's major activities, including program reviews. Most LGUs have limited resources, so it is in their best interest to establish close linkages with NGOs and other potential partners if they are to achieve their program goals and objectives. Ormoc City's openness in articulating its problems paved the way for other stakeholders to offer their assistance.

In an ideal setting, establishing a referral system is an assurance that services will be available when needed. However, in the real world, this is not the case. Experience has shown that hospitals cannot be relied upon to give priority to non-paying patients. Referred non-paying clients are usually





Health staff waiting to distribute postoperative medicines to clients

bumped in favor of paying clients. In Ormoc City, there were even claims that some surgeons require poor clients to pay for services rendered. Such practices discourage potential clients and seriously affect program performance.

Active support from all levels is essential in ensuring the success of this kind of initiative. The BHWs' and BSPOs' skills and commitment are critical in recruiting and motivating prospective clients. The barangay captains and the city government can be mobilized to handle clients' transportation needs. The city government may shoulder the room and board expenses of the outreach team as part of its counterpart funding. Project funds, such as the MGP grant, may be used to purchase the postoperative medicines. The presence of LGU officials during the launching of the initiative helps highlight its importance.

Both LGUs acknowledge the valuable contribution of PSPI in their family planning efforts. PSPI played a significant role in realizing high levels of BTL for the cities of Ormoc and Naga. The CHO of Ormoc City and the CPO of Naga City believe that they can accomplish more through sustained collaboration with PSPI because many clients can be served during one outreach and it entails less cost to the local government. However, in the future, the CPO of Naga City would like a written assurance from PSPI that it will handle or deal with any complications arising from the operation. In addition, the CPO would like to be better oriented on the screening requirements to avoid having many candidates for BTL rejected. Meanwhile, PSPI and the CHO of Ormoc are considering the possibility of increasing the interval between two outreach visits to Ormoc City to give the BHWs more time to motivate and recruit clients. Having the outreach every other month may no longer be cost effective for PSPI, since the number of clients is already starting to diminish.



Clients with their spouses after undergoing BTL

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